PATENT APPLICATION FEEDETERMINATION RECORD Effective October 1, 2001

FION RECORD Polication or Docket Number 9 502882

			SMALL ENTITY TYPE :			OTHER SMALL E						
TO	TAL CLAIMS						ſ	RATE	FEE		RATE	FEE
FOF	Va 16	2	NUMBER FILED		NUMBER EXTRA		Ī	BASIC FEE	37 0.00 ,	OR	BASIC FEE	770.60 -740 .00
i	AL CHARGEAE	BLE CLAIMS) (minus 20=		. 6			X\$ 9=		OR	X\$18=	108
├ ──	PENDENT CL		min	us 🕽 =	*			X42=		OR	X84=	
1		DENT CLAIM P	RESENT					+140=		OR	+280=	
* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	5786
CLAIMS AS AMENDED - PART II								SMALL	ENTITY	OR	OTHER SMALL	
TA		(Column 1) CLAIMS REMAINING AFTER		HIGI NUN PREVI	IMN 2) HEST MBER IOUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	. Minus	PAIL **	FOR	=		X\$ 9=	-	OR	X\$18=	
AEND	Total Independent	*	Minus .	***		=		X42=		OR	X84=	
A	FIRST PRESE	NTATION OF M	ULTIPLE DEP	ENDEN	IT CLAIM			+140=		OR	+280=	
							ļ	TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colu	umn 2)	(Column 3)		ADDII. 1 CC		- -		
4T B		CLAIMS REMAINING AFTER		HIG NUI PREV	HEST MBER VIOUSLY D FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
AMENDMENT	Total	*	Minus	**		=		X\$ 9=		OR	X\$18=	
MEN	Independent	*	Minus	***	<u> </u>	=		X42=		OR	X84=	
N.	FIRST PRESE	j	+140=		OR	+280=						
								TOTAL ADDIT. FEE		OR	TOTAL ADDIT. FEI	
		(Column 1)		(Col	umn 2)	(Column 3)						
AMENDMENT C		(Column 1) CLAIMS REMAINING AFTER AMENDMENT		HIC NU PREV	SHEST IMBER VIOUSLY ID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*	Minus	**		=		X\$ 9=		OF	X\$18=	
	Independent	*	Minus	***		= ·		X42=		OF	X84=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								٠.	1		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.										┨:	TOTA	L
* If the entry in column 1 is less than the entry in column 2. * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." * If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3." * The "Highest Number Previously Paid For" (Total or Independent) is the highest number to										-	90 a 193 i 186 i t	
	FIRST PRESI	umn 1 is less than	the entry in col	umn 2, w	rrite "0" in c E is less th	column 3. Lan 20, enter 20)." oer f	+140= TOTAL ADDIT. FEE		OF	+280= TOTA ADDIT. FE	L E

PATENT APPLICATION FEE DETERMINATION RECORD Effective December 29, 1999 09/503883														
CLAIMS AS FILED - PART I (Column 1) (Column 2)									SMALL TYPE	ENTITY	OR	OTHER THAN OR SMALL ENTITY		
FOR			NUMBER FILED		NUMBER EXTRA		ſ	RATE	FEE]	RATE	FEE		
BA	SIC FEE									345.00	OR		690.00	
TC	OTAL CLAIMS		ළ minus 20=			*			X\$ 9=		OR	X\$18=		
INC	DEPENDENT CL	9	minus	3 = *				X39=		OR	X78=			
ML	MULTIPLE DEPENDENT CLAIM PRESENT										OR	+260=		
* 1f	* If the difference in column 1 is less than zero, enter "0" in column 2								TOTAL		OR	TOTAL	1,90	
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)									SMALL	ENTITY	OR	OTHER SMALL I		
AMENDMENT A	8/18/03	CLA REMA AFT AMEND	INING ER		Р	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NOW	Total	·al		Minus	**	ag	=		X\$ 9=		OR	X\$18=		
AME	Independent FIRST PRESE	· ()	Minus	TOEN!	0	= 3		X39=	(X)	OR	XX8=	ର୍ଚ୍ଚର	
┢	FIRST PRESE	·	N OF IVIC	DLIIPLE DE	PEN	DENT CLAIM		ſ	+130=		OR	+260=/		
							· .	A	TOTAL DDIT. FEE		OR	TOTAL	252	
L		(Colu		·	(Column 2)	(Column 3)					1		
ENT B		REMA AFT AMENI	re#	4	2	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
ENDMENT	Total	*	14	Minus	**		=		X\$ 9=		OR	X\$18=		
AME	Independent FIRST PRESE	*	DEMI	Minus	DEN	DENT CLAIM	= .		X39=		OR	X78=		
	·	MATIN	THOSE INCLINE		IFLE DEFENDENT CD		Alivi		+130=		OR	+260=		
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE			
(Column 1) (Column 2) (Column 3)														
AMENDMENT C	5/11/04	REMA AF	IMS INING FER ONIENT		P	HIGHEST NUMBER REVIOUSLY PAID FOR	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE	
NDM	Total	· X		Minus	**	ne	=		X\$ 9=		OR	X\$18=		
AME	Independent	*	N OR MI	Minus	#	U	=		X39=		OR	X78=		
-	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+130=	·	OR	+260=		
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20." ADDIT. FEE										OR	TOTAL ADDIT. FEE			
	*If the "Highest Nur The "Highest Num	mber Pre	viously P	aid For" IN Th	HIS SI	PACE is less tha	an 3, enter "3."	^						

Application or Docket Number